UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

> **TEMPORARY** FORM D

OMB APPROVAL OMB Number: Expires: February 28, 2009 Estimated average burden hours per response. 4.00

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

LINIFORM LIMITED OFFFRING EXEMPTION

UNIT OR MILIMITED OF FERING EXEM	111011	
Name of Offering (check if this is an amendment and name has changed, and indicate changed	ge.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: New Filing X Amendment	on 4(6) ULOE	
A. BASIC IDENTIFICATION DATA		1 14 11 1 11 11 11 11 11 11 11 11 11 11
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)		
Saffron Equipment Holding Company, LLC		09003442
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Numb	er (Including Area Code)
1725 Ist. Read Boulevard, Rochester, New York 14606 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	(585) 663-9 Telephone Num	ber (Including Area Code)
Brief Description of Business		PROCESSED
•	4	****
Leasing of equipment, parts and related accessories	هر	MAR 1 0 2009
hypinger trust	please specify): ed liability	THOMSON REUTERS
Actual or Estimated Date of Incorporation or Organization: [Actual	is available to be fit CFR 239.500T) or an riod, an issuer also r g Form D (17 CFR 2) ulation D or Section offering. A notice is he address given believe the description of the descrip	a amendment to such a may file in paper format an 239.500) and otherwise 4(6), 17 CFR 230.501 et deemed filed with the U.S. ow or, if received at that address. e copy not manually signed of the issuer and offering,
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate each state where sales are to be, or have been made. If a state requires the payment of a fee as a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate sappendix to the notice constitutes a part of this notice and must be completed. ATTENTION	e notice with the Se precondition to the c	curities Administrator in claim for the exemption, a
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	-	•

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2. Enter the information reques	ted for the foll	owing:		•	
 Each promoter of the is 	suer, if the iss	uer has been organized w	ithin the past five years;		
 Each beneficial owner t 	aving the powe	er to vote or dispose, or dir	ect the vote or disposition	of, 10% or more o	f a class of equity securities of the issue
 Eact, executive officer 	and director of	corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
 Each general and mana 	ging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			-	
Scheible, Wayne					•
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		
1725 Mt. Read Bo	ulevard,	Rochester, Ne	w York 14606		
Check Box(es) that Apply: Welch, Timothy	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
•	•	D1	' W1 14606		
1725 Mrt. Read Boy Business or Residence Address				· · · · · · · · · · · · · · · · · · ·	
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Oliver!, William Full Name (Last name first, if ind	luidus N				
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1725 Mt. Read Box		,			
Business or Residence Address	(Mantine) But 5	ineer, City, State, 21p Co.	шеј		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
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1725 Mt: Read Box Business or Residence Address					
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	vidual)				
528 Brookdale Dri	ve. Pitt	sburgh. Pennsy	vlvanta 15215		
Business or Residence Address				. ***	
Check Box(es) that Apply: Georger, Dan	Promoter	Beneficial Owner	Executive Officer	Director	. General and/or Managing Partner
Full Name (Last name first, if indi	vidual)	 	·		
4 Union Point Dri Business or Residence Address (ve Roch	nester, New You	rk_14624		
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Number and	Street, City, State, Zip	Code)		
	(Use blank s	sheet, or copy and use a	dditional copies of this	sheet, as necessa	ry)

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1.	Has the	issuer sol	d, or does t			ll, to non-a					*************	· 🚛	
						n Appendix		_					
2.	2. What is the minimum investment that will be accepted from any individual?									00.00			
3.	Dogg th	a offering	nermit init	ıt ownerch	in of a sinc	gle unit?						Yes · ∏	No
		_	-									_	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							he offering with a stat	ç. C	<u></u>				
Ful	ll Name (List name	first, if ind	lividual)									
Bus	siness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Lip Code)						
Nar	me of As	scciated B	roker or De	aler	- · · · ·	_					•••		-
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Full	l Name (List name	first, if ind	ividual)		<u>-</u> -		-,					
Bus	siness or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)	 .					
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Stat	tes in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers					****	
	(Check	"All States	or check	individual	States)	****************			*************	*************	****************	☐ A1	l States
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Delt	S	_ \$
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	s	_ \$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		<u> </u>
	Rule 504		•
	Total		s 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		J <u>-0400</u>
	Transfer Agent's Fees		s <u>0.00</u>
	Printing and Engraving Costs		s_0.00
	Legal Fees		\$13,500.00
	Accounting Fees		s 1,500.00
	Engineering Fees		\$_0_00
	Sales Commissions (specify finders' fees separately)		\$0.00
	Other Expenses (identify)		ş 500.00
	Total		\$ <u>15,500.00</u>

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	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s <u>484,500.0</u> 0
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$ <u>0.00</u>	\$ <u>_0.00</u>
	Purchase of real estate	s_0.00	s_0.00
	Purchase, rental or leasing and installation of machinery and equipment	s <u>0.00</u>	\$_469,500.0
	Construction or leasing of plant buildings and facilities	\$ <u>0.00</u>	□ \$ <u>0.00</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	-	□ \$_0 <u>.00</u>
	Repayment of indebtedness		□\$ <u>0.00</u>
	Working capital		s 15,000.00
	financial statement, we will keep \$15,000 in cash to] \$ <u>0.00</u>	□ \$ <u>0.00</u>
	pay for future operating costs, tax returns, filing	s <u>0.00</u>	s 0.00
	fees, etc. Column Totals	18 0.00	□\$ 484,500.0
	Total Payments Listed (column totals added)		34 <u>,500-</u> 00
	ADDITEDERAL SIGNATURE		
signa	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is ture constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	ion, upon writte	le 505, the following n request of its staff,
Saf	fron Equipment Holding	2/19/09	?
Nam	of Signer (Print or Type) Title of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	
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